EXECUTIVE LORRYING

EMPLOYE COVERING JANUARY 1 THE		# 508 DUE AUGUST 15		PORT
Pursuant to LSA-R.S. 49:78G(2)(a), as required by Title 49 on behalf of all o exercised this option by timely filling of their registered executive lobbyists	of its lobbyists. This reporting the Executive Lobbying Expe	form is only to be u	sed by principals	or employers who have
Hand deliver or mail to: 2415 Qual OR Fax to: (225) 763-8787 or (225) 7	II Orivs, 3 rd Floor, Baton Rou 763-6760	ge, LA 79808		
EMPLOYER/PRINCIPAL AstraZer BUSINESS ADDRESS. 1800 Concor		ilmington, Delewa	re 19850-6737	FOR OFFICE USE ONLY Postmark Date: 100 000
2. BUSINESS ADDRESS. Street and N		State	Zip	cr-(volue)
MAILING ADDRESS Same as abo	שעל			
Street and M	lo. City	State	ZIp	
3. CONTACT PERSON: Fish	Ambe	er	K	3001286
Last	First		MI	
4. MAILING ADDRESS_80 South Su	mmit Street, Suite 100 A	kron, Ohio	44308	
(If different from above) Street and	No. City	State	Zip	
5. PHONE NUMBER (330) 761-9960) 			
	a Code and Phone Number			
6. List the names and executive lobby:	st registration numbers of the	labbyists on whose	behalf this repor	t is filed:
1) Name: Barnett	Stephanie		_	_{ID.#} 212
Last	First		MI EXEC.	10.4 - 1-
2) Name: Berrow	Patricia		L. EYEC	_{ID.#} _211 .
Lest	First		<u></u> ЕХЕС. М І	ID.#
3) Name: Bauer	Schelbie		A. svec	ID.#_217
Last	First		MI EXEC.	(D.#

4) Name: Beatty	Toni	A.	EXEC.ID.# 242
Lest	First		EAEC.ID.# 676
5) Name: Bird	Keith	Α.	274
Last	First	— <u>—</u>	EXEC.10.# 271
6) Name: Blistan	Beth	м.	EXEC.ID.# 230
Last	First		EXEC.ID.# 200
7) Name: Bonin	Loree	В.	5V55 1DD
Last	First		EXEC.ID.#_199
8) Name: Braud	Jeffrey	M.	EXECUD.# 195
Last	First	MI	EXECUIDA
9) Name: Braun	Amy	N.	EXECUID.#. 221
Last	Fire	MI	EAEGID.T.
10) Namer Burleigh	Julie	G.	EXEC.ID.# 203
Last	First	MI	EXECUIDAD.
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4) Name: Campo	Steven	M.	EXEC.(D,# 205
Last	First	—.···— MI	EXEC.ID.F COS
5) Name: Centrelle	Kevin	M.	EXEC.ID.# 315
Last	First	1M	EXCO.ID.# = 14
6) Name: Capiel	David	M.	EXEC.ID.# 207
Last	First	IM:	
7) Name: Carter	Susan	T.	EXEC.ID.# 220
Last	First		EREG.[D.#
8) Name: Cordell	Misti	S.	EXEC.ID.# 270
Last	First		EXEC.10.#
9) Name: Cyrus	Kerry	J.	EVEC ID 4 216
Læst	First	MI	
30) Name: Damall, Sr.	Robert	C.	EVEC 10 # 233
Lust	First		EXECTION
Last 10) Name: Damail, Sr. Last PROVIDE BELOW: (a) the appreciate to	First Robert First	C. Mi	EXEC.ID.# 216 EXEC.ID.# 233 Sporting period; (b) the age
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COMPLETE AN ATTACHMENT FOR	M for each of your continued and a	- B-B-b-slav	

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbylsts.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages
Signature of Employer/Principal or Representative
Print or Type Full Name

4) Name: Eley, Jr.	james	₩.	Fusio 10 - 994
Last	First		EXEC.ID.# 234
5) Name: Finley	Bart	S.	EXEC.ID.# 214
Last	First		EXEU.ID.F_2 14
8) Name: Fowler	Lisa	L.	EXEC.†D.∉_235
Last	First	 MI	EXEC.IDIF_===
7) Name: George	Charles	E.	EXEC.ID.# 200
Last	First	MI	
8) Name: Guerriero	Luke	W.	EXEC.+D.# 228
Last	First	MI	EAEG.10.#
9) Name: Hall	Allison	C.	EXEC.ID.# 215
Last	First	WI	EXEC.10.9
10) Name: Hebert	Mark	A	EXEC.10.# 210
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l hereby certify that knowledge, Informa has been deliberately	t the information contained herein is true a ition and belief; and that no information re y omitted.	ind correct to quired by LSA	the best of my A-R.S. 49:71 et seq.
	Signature continued on following pages		
	Signeture of Employer/Principal or R	apresentativa	-
	Print or Type Full Name	_	

Dennis R. EXEC.ID.# 243 Last First MI Name: Humphries Judi P. EXEC.ID.# 249 Last First MI Name: Klainpeter Stephen M. EXEC.ID.# 225 Last First MI Name: Lies Jassica F. EXEC.ID.# 198 Last First MI Name: Lies Jassica F. EXEC.ID.# 198 Dennis Manguno Rebacca M. EXEC.ID.# 227 Last First MI ROVIDE BELOW: (a) the aggregate total of all expenditures during the June 30 reporting period; (b) the expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures during the July 1 through June 30: See signature page (Include expenditures from Schedules A and B) 5. Total of all executive lobbying expenditures made July 1 through December 31: See Signature page (When Applicable) (Include expenditures from Schedules A and B) 6. Total of all executive lobbying expenditures made July 1 through December 31: See Signature page (When Applicable) (Include expenditures from Schedules A and B)	(Line "a" added to Line "b" should DMPLETE AN ATTACHMENT FO I hereby certify that the in knowledge, Information a has been deliberately omi	RM for each of your registered executive CERTIFICATION OF ACCU Information contained herein is true and belief; and that no information tted.	IRACY le and correct to required by LS	o the best of my SA-R.S. 49:71 et seq.
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		Ashley	A.	EXEC.(D.# 219
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Lest	Arny	F.	EXEC.ID.# 197
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5) Name:_McAllister	Charles	E.	EXEC.ID.#_208
Last	First		EXEC.[D,#_200
6) Name: McCullough	Candace	L.	EXEC.ID.# 201
Leet,	First	<u>—</u> . <u>М</u> І	EXEC.ID.
7) Name: McDonald	Michael	J.	Street in a 260
Last	First		EXEC.ID.#_269
8) Name: Milton	Rebecca	8,	EVER 10 . 220
Last	First	MI MI	EXEC.1D.# 229
9) Name: O'Toole Benoît	Karen	A.	EXEC.ID.# 301
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4) Name: Ragues	Jeri	L.	EXEC.(D.# 196
Last	First	ML	
i) Name: Rareshide	Jennifer		EXEC.ID.# 202
Last	First	MI	
) Name: Rossie	Tracey	3 .	EXEC.ID.# 208
Last	First	 MI	LAEC.ID.W.
) Name; Seay	Nicholas	Н.	EXECUD# 314
Last	First		EXECUIDA, VIII
Name: Silvio	Jeffrey	D.	EXEC.(D,# 213
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Name: Sins	Amy	G.	EXEC.ID.# 231
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4) Name: Solleau	William		
Läst	First	— :——: — ! MI	EXEC.ID.# 218
5) Name: Spencer	Adriane		
Last	First	— — <u>—</u> –	
6) Name: Tergerson	Michael	D.	EXEC.ID.# 241
7) Name: Townson	First	- MI	
Last	<u>Jennifer</u>	L	EXEC.ID.# 209
8) Name: Triplett	First	MI	
Last		<u>W.</u>	EXEC.ID.#_224
B) Nama: Usie		MI	
Last		<u> </u>	EXEC.ID.#_223
10) Name: Vistor	Lori	М!	
Last	· — ·— — :	——— <u>L.</u>	EXEC.ID.#_222
Total of all executive lobbying a (Include expanditures from Scheo	year. ×penditures made January 1 through Jur kules A and B)	ne 30; <u>\$_</u> \$ee	eporting period; (b) the aggregate of gregate total of all expanditures not signature page
Total of all executive lobbying e (Include expanditures from Scheo Total of all executive lobbying e (When Applicable) (Include exp	year. *penditures made January 1 through Jur kules A and B) *penditures made July 1 through Decemenditures from Schedules A and B)	ne 30; <u>\$_</u> \$ee	gregora rotal or all expanditures n
a. Total of all executive lobbying e (Include expanditures from Scheo) b. Total of all executive lobbying e (When Applicable) (Include expanditures for all executive lobbying explicit for all executive lobbying explicit	year. *penditures made January 1 through Jur kules A and B) *penditures made July 1 through Decemenditures from Schedules A and B)	ne 30;	signature page
a. Total of all executive lobbying e (Include expanditures from Scheob. Total of all executive lobbying e (When Applicable) (Include expanditures for all executive lobbying explicit for all executive lobbying	year. xpenditures made January 1 through Jur kiles A and B) xpenditures made July 1 through Decem enditures from Schedules A and B) (penditures made during calendar year: equal Line "c")	ne 30;	signature page
a. Total of all executive lobbying e (Include expanditures from Sched) b. Total of all executive lobbying e (When Applicable) (Include export) c. Total of all executive lobbying export in a should COMPLETE AN ATTACHMENT FO	year. xpenditures made January 1 through Junuary 1 through Junuary 1 through Junuary 1 through December of the property of through December of the property o	s and 30: \$ \$ \$ \$ \$ \$ \$ \$ abbyists.	signature page
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b. Total of all executive lobbying e (When Applicable) (Include exp. c. Total of all executive lobbying ex (Line "a" added to Line "b" should COMPLETE AN ATTACHMENT FO. I hereby certify that the in knowledge, information at has been deliberately omit	year. xpenditures made January 1 through Junuary 1 through Junuary 1 through Junuary 1 through December of the property of through December of the property o	s lobbyists. RACY and correct to required by LSA	signature page

4) Name:_VVail	Stephan			
	— — — Sicpulari —	_ <u>E</u> .	EXEC.ID.# 232	
5) Namo: Zaunbrecher		1M	————	
Last	<u>Themse</u>	M.	EVPO : 204	
	First	MI	EXEC.ID.# 204	
6) Name: Rosenau	Samuel			
Lost	First — — —	- .	EXEC.ID.#_362	
7) Name:_Schifer		MI	— —	
	Julie	_	EXEC.ID.#	
- Aug	First	MI		
8) Name:_N/A				
Laga	First — — —	<u>—</u> —	EXEC.ID.#	
9) Name: NA		1441		
Läst			EXEC.ID.#	
10) Name: N/A	Little Control	MI		
Last			EVEC ID *	
—,	First	 Mi	EXEC.ID.#	
 PROVIDE BELOV/: (a) the aggregate total of all expanditures during the July 1 - Decembs by the principal/employer in a calendar year. a. Total of all executive lobbying expenditures from Schedules A a 		143 2 10 044	periody (o) the aggregate to pregate total of all expenditures ma	tal de
 Total of all executive tobbying expenditure; (When Applicable) (Include expenditure; 	ires made fully 1 through December 31: from Schefules A and 8)	s		
c. Total of all executive lobbying expenditus (Line "a" added to Line "b" should equal Line		_ \$81,	754.34	
A Waga Admit Ci	res made during calendar year: ne 'c')	s	- — — — — <u> </u>	
B. COMPLETE AN ATTACHMENT FORM for I	HE "E"]	- —-		
B. COMPLETE AN ATTACHMENT FORM for I	HE "E"]	3		

Page 9 of <u>24</u>9

Print or Type Full Name

Adriane Spencer

Signature of Employer/Principal or Representative

Form508, Rpv. 7/04

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive liabhyists. Make as many copies of this form as needed for the completion of the expenditure report, identify each page with a number and indicate the total number of pages being submitted.

1) LOBBY	IST: Fowler	Lisa		L	505	
	Last	Fire	<u> </u>	— — <u> </u>	_ EXEC ID # 235	
A.	Total of all exe	acutive fobbyling expandi (Include expanditures (lures made tanuary ' irom Schadules A and I	l through June 30; 3)	\$	
	Total of all exe	curtive labbying expendit (When Applicable) (In	aures made July 1 thr clude expenditures fro	ough December 31: om Schedules A and 8)	\$. N/A	
	Total of all exe	cutive Jobbying expendit (Adding above expendit	ures made during ca	landar war-	s ^{2.896.47}	
В,	Old this lobby	st make en expendifure e			utive branch official;	
	From :	lanuary 1 through June 3 July 1 through December	0? 🗹 vas	☐ Nio	⊠ na	
	if the answer to	elther question in B abo	ve is YES, complete	Schedule A and attac		
Ç.		t make exponditures exce				
	From January 1	through June 30? Bugh December 31?	Yes ☐ Yes ☐	No.∐	na ⊠	
	If the enswer to	einther question in Cabo	ve is YES, complete	Schedule A and attac	h.	
D.	Did this lobbyist	t expend funds for any re h officials were invited di	rention spelal antho	elu		twenty-five
		Yes 🔽	No 🔲			
	If the answer to	D above is YES, complete	Schedule B end atta	eh,	: 	· ·
					e 安 石	

Page 67 of 249

Form 508, Rev. 7/04

re th	ROVIDE SELOW (a) the name of the executive branch department as listed in the executive branch schedule: (b ggregate total of all expenditures attributable to the department made by this followist during the January 1 - Jun aporting period; (c) the aggregate total of all expenditures attributable to the department made by this lobbyist du he July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by subbylst in a calendar year attributable to the department.
1)	a. Name of Department of Education
	b. Total of ell expenditures made January 1 through June 30: 5, 1,015.14
	c. Total of all expenditures made July 1 through December 31: \$_WA
	d. Total of all expenditures made during the calendar year: 8 1.015.14
2)	a. Name of Department; Department of Health and Hospitals
	b. Total of all expenditures made January 1 through June 30: \$1,768.08
	c. Total of all expenditures made July 1 through December 31; § N/A (When applicable)
	d. Total of all expenditures made during the calendar year: \$_1.768.08
3)	a. Name of Department: N/A
	b. Total of all expenditures made January T through June 30: \$
	c. Total of all expenditures made July 1 through December 31: 5 (When applicable)
	d. Total of all expanditures made during the calendar year: \$, $\frac{0.00}{10.00}$
4)	a. Name of Department: N/A
	b. Total of all expenditures made January 1 through June 30:
	c. Total of all expenditures made July 1 through December 31: \$ (When applicable)
	d. Total of all expenditures made during the calendar year: \$_0.00

E.

Janu Kobb	OVIDE SELOW (a) the name of the executive branch department and individual agency as listed in the executive ich schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbylst during the lary 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this pyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures a by this lobbylist in a calendar year attributable to the agency.
1)	a. Name of Department and Individual Agency: Department of Health and Hospitals,
	Crowley Mental Health Center
	b. Total of all expenditures made January 1 through June 30: \$_188.82
	c. Total of all expenditures made July 1 through December 31: \$, N/A
	d. Total of all expenditures made during the calendar year: \$8
2]	a. Name of Department and Individual Agency:Department of Health and Hospitals.
	Dr. Joseph Henry Tyler, Jr. Mental Health Center
	b. Total of all expenditures made January 1 through June 30: \$ 389.60
	c. Total of all expenditures made July 1 through December 31: \$
	d. Total of all expenditures made during the calendar year: \$_389.60
3)	a. Name of Department and Individual Agency: _Department of Health and Hospitale,
	Assumption Mental Health Center
	b. Total of all expenditures made January 1 through June 30: \$ 104.62
	c. Total of all expanditures made July 1 through December 31: \$_\text{N/A}
	d. Total of all expenditures made during the calendar year: \$104.62
4)	a. Name of Department and Individual Agency: Department of Health and Hospitals,
	Lafourche Menial Health Center
	b. Totel of all expanditures made January 1 through June 30: \$ 490.72
	c. Total of all expenditures made July 1 through December 31: 5. N/A (When applicable)
	d. Total of all expenditures made during the calendar year: 3 490.72
Form 508, Rev. 7/0	4 Page 69 of 249

jep jeu	OVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive inch schedule; (b) the aggregate total of all expenditures attributable to the aggney made by this lobbyist during bluary 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by the bylst during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditure delay this lobbyist in a calendar year attributable to the agency.
1)	a. Name of Department and Individual Agency: Department of Education,
	Leonard J. Chabert Medical Center
	b. Total of all expenditures made January 1 through June 30: \$ 940.57
	c. Total of all expenditures made July 1 through December 31: \$\frac{N/A}{2} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
	d. Total of all expenditures made during the calendar year: 5, 940.57
Z)	s. Name of Department and Individual Agency:Department of Education,
	University Medical Center
	b. Total of all expenditures made January 1 through June 30: \$_74.57
	c. Total of all expenditures made July 1 through December 31: 3 N/A (When applicable)
	d. Total of all expenditures made during the calendar year: \$_74.57
3)	a. Name of Department and Individual Agency: Department of Health and Hospitals,
	New Iberia Mental Health Center
	b. Total of all expenditures made Jenuary 1 through June 30: 8_594.32
	c. Total of all expenditures made July 1 through December 31: \$ N/A
	d. Total of all expenditures made during the calendar year: \$_594.32
4)	a. Name of Department and Individual Agency: N/A
	b. Total of all expenditures made January 1 through June 30: \$
	c. Total of all expenditures made July 1 through December 31: \$ (When applicable)
Form 508, Rev. 7/	d. Total of all expenditures made during the calendar year: Page 70 of 249

Executive Loobyist: Fowler Last	Liée First	LExec. Jd ;	235
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SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period lentary 1 through June 30 or the period July 1 through Docember 31, one of your registered oxecutive lookyists made either a) an expenditure for any executive branch official exceeding \$250 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditures and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary, Each expenditures from the first half of the year in Column #3.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS	T		<u> </u>
	LISTED IN THE EXECUTIVE BRANCH SCHEDULE	8. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION ON MADE EXPENDITURES EXCEDING \$250 BETWEEN \$ANLARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEDING \$250 BETWEEN BILLY 1 AND DECEMBER \$1	5. TOTAL OF COLUMNS 3 AND 4
Patrice Ambrose	New Iberia Mental Health Center	\$184.41		\$18 4 ,41
Louis Balart	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Alan Broussard	University Medical Center	\$74.57		\$74.57
Michael Charlet	Leonard J. Chaberl Medical Center	\$58.67		
lennifer Charpentier	Leonard J. Chabert Medical Center	\$59.04		\$59.04
Relph Daigle	Dr. Joseph Henry Tyler, Jr. Mental Health Center	\$95.16		\$ 95 .18
ohn Cedric Dauphin	Crowley Mental Health Center	\$188.82		\$188.82
erry D elord	Leonard J. Chabert Medical Center	\$59.67		\$58.67
pnalė Daucet	Leonard J. Chabert Medical Center	\$59.04		\$59.04

Executive Loubyist: Fowler	Usa	L.	Exec. Id #: 235	
Last	First	MI	EX6C. 10 #:	_

SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive labbyists made either a) an expenditure for any executive branch official exceeding 350 on any one accession or b) aggregate expenditures expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies at are necessary. Each obbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first helf of the year in Column #3.

1. EXECUTIVE DEFICIAL'S NAME				
STATE STATE OF THE	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	A. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU FITHER SPENT OVER \$40 DN ONE OCCASION OR MADE EXPENDITURES EXCEPTING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN ALLY 1 AND DECEMBER 31	S. TOTAL OF COLUMNS 3 AND 4
Mary Eschete	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Sendy Gonzales	Leonard J. Chabert Medical Center	\$59.04		\$59.04
Therryll Johnson	Leonard J. Chabert Medical Center	\$58.67		\$58.67
lohn King	Leonard J. Chabert Medical Center	\$58. 6 7		\$58.67
limmy Lao	Leonard J. Chabert Medical Center	\$56.67		\$58.67
VIIIiam Marmande	Leonard J. Chebert Medical Center	\$58.67		\$58.67
onald Marts	Leonard J. Chaberi Medical Center	\$58.67		\$58.67
ara Morgan	Leonard J. Chabert Medical Center	\$58.67		\$58.67
usan Prejeant	Leonard J. Chabert Medical Center	\$59.D4		\$59.04

Executive Lobbyist:		Lisa		L.		235
	Last 	First		MI	Exec. Id #:	
SCHEDULE	A: EXP	ENDITURES	FOR EXECUTIV	 /E RR/	ANCH O	FICIALC
This schedule must be completed in the complete schedule as a security a lobby ists made air exceeding \$250 for any one expenditure(s) and the aggreg lobby ist should have his own expenditures from the first hard.	er a) an expendi er a) an expendi exocutive brend	ne period January 1 thro ture for any executive b is official latering a repo	ough June 30 or the pariod J wanch official exceeding \$50 Piling period, then was mus	lufy 1 throu 0 on any or	ngh December 3 ne occasion or b	1, one of your register aggregate expenditu
1. EXECUTIVE OFFICIAL'S NAM	IE 2. OFF	FICIAL'S ACENCY AS D IN THE EXECUTIVE OH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER 550 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING 5250 BETWEEN JANUARY 1 AND JUNE 30	4. AMDI EXPEND ON AND WHOM Y SPENT O ONE OCC MADE EX EXCEED!	UNIT OF ITURES MADE OFFICIAL FOR YOU EITHER VER \$40 ON ASSION OR (PENDITURES NG \$250 N JULY 1 AND	8. YOTAL OF COLUMNS 3 AND 4
Rachael Reeves ——————————————————————————————————	Leonar Medica	rd J. Chabert al Center	\$58.67			\$58.6
abian Whitney	Leonar Medica	d J. Chabert I Center	\$59.04			\$59.0
aren Parsa	Assump Center	otion Memai Health	\$78.98			
chael Blunna	Lafoure Center	he Mental Health	\$53.14			\$53,14
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	_					
	_					
						
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Executive Lobbyist: Fowler	Lisa	L. 5 1.	235
	First	—————— Exec. Id #:	 -
SCHEDULE B:	EXPENDIT	RES FOR RECEPTIONS, ET	
This Schedule must be completed if one of your example than twenty-five executive branch officials we event including the city, and the total amount exprequired.	recutive lobbyists expen	nded funds for any second	
1. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	1. TOTAL AMOUNT O
dental health care providers	2/14/2006	Ev. Joseph Henry Tyler, Jr. Mental Health Center 302 Dulles Drive Lafayette, Louislane 70506	EXPENDITURES \$113.2
	 		
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